

Virginia Department of Health: What Institutions of Higher Education Need to Know about Mpox December 19, 2022

Strategy	What You Need to Know	How You Can Prepare or Help
Strategy Stay informed about mpox and the current outbreak	 This outbreak has affected many areas where mpox is not usually found. Reported cases in Virginia, the U.S., and globally have declined since August. Mpox spreads from person to person through direct contact with sores, scabs, or body fluids; contact with contaminated items, like linens; and respiratory droplets during prolonged face-to-face contact. Mpox can spread during intimate contact, including sex. Anyone can get and spread mpox. Most cases are in men who self-identify as gay, bisexual, or other men who have sex with men. Those with multiple sex partners are currently at greatest risk. 	 Learn key concepts about mpox with VDH's Fact Sheet. Guidance is subject to change as we learn more; refer to the VDH website and CDC website for the most current information.
Rapidly identify and report suspected cases	 VDH's Mpox Information Sheet for Healthcare Providers provides key information, including when to suspect mpox. Localized rashes in the mouth or around the genitals or anus might be only symptom and can look like a sexually transmitted infection (STI). Providers should immediately report all suspected cases to their local health department (LHD). 	 Share resources with clinical staff. Know how to contact your LHD, including after hours. Report suspected cases with VDH's Morbidity Report.
Test to identify cases	 Testing is recommended for people with mpox symptoms; screening tests for people without symptoms are not needed. VDH encourages using commercial lab testing whenever possible. Free testing at Virginia's Division of Consolidated Laboratory Services is available if criteria are met. STI and HIV testing and treatment are also recommended for sexually active people being evaluated for mpox. 	 Develop a plan for medical evaluation, including testing, if mpox is suspected. Assess current supplies for testing. If people do not have a healthcare provider, then facilitate evaluation at a public health clinic (e.g., LHD, Federally Qualified Health Center, STI clinic).
Implement infection control	 Personal protective equipment (PPE) is needed for healthcare providers caring for patients, staff handling laundry of patients, and staff cleaning patient areas. PPE means gown, gloves, eye protection, and NIOSH- approved respirator (healthcare providers) or well- fitting mask or respirator. 	 Provide training to staff about wearing PPE and other infection control precautions. Ensure access to PPE for healthcare providers and nonclinical staff (including environmental cleaning staff).



Isolate people with mpox	 Healthcare facilities should follow infection control recommendations. Nonhealthcare facilities should follow cleaning and disinfection instructions and guidance for congregate settings. Pay particular attention to handling laundry. People with mpox are contagious from when symptoms start until all sores have healed and a fresh layer of skin has formed. This can take 2–4 weeks. People with mpox should isolate in a private room. If a private room is not available, cohorting with other people with mpox is acceptable. If leaving the isolation room or when separating from others is not possible, people with mpox should wear a well-fitting face mask, cover areas where rash or 	 Ensure access to handwashing supplies, cleaning supplies, and disinfectants. Develop a plan for where people with mpox will stay, how they will be cared for and monitored, and how they can attend class or work remotely if they are able. Provide VDH's Handout for Patients with Mpox. For those isolating at home, refer to CDC guidance.
Support contact tracing to identify and assess close contacts	 when a case is identified, the LHD conducts contact tracing to identify, assess, and monitor close contacts. Close contacts should monitor their health, but do not need to stay home (quarantine). 	 Support the LHD's contact tracing efforts to help identify and monitor close contacts; encourage people to cooperate with the LHD. Provide VDH's Handouts for Close Contacts.
Treat patients to minimize severe disease	 There are no specific treatments approved by FDA for mpox, but antivirals available through CDC (e.g., TPOXX) might help those at risk of severe illness. Healthcare providers can access treatment by coordinating with the LHD. 	 Encourage patients to talk with their provider about treatment. Encourage providers to contact the LHD to access treatment.
Vaccinate close contacts and high-risk groups to prevent infection	• A 2-dose vaccine for postexposure prophylaxis (PEP) is available for known close contacts and for people with a high risk of exposure. The vaccine works best the sooner it is given; ideally, the first dose is given within 4 days of exposure.	Encourage prompt uptake of vaccine if recommended by the LHD.
Communicate the facts	 Communicate with staff and students about mpox and how it spreads through close physical contact. Stigma is harmful. It can create lost opportunities to detect and address infections in other populations and provide a false sense of security. 	 Combat stigma by providing fact-based information. Refer to <u>CDC's</u> <u>Reducing Stigma website</u>. Refer to <u>VDH's Communication</u> <u>Resources website</u>.
Find more information	 VDH mpox website and CDC mpox website CDC Considerations for Reducing Mpox Transmission in Congregate Living Settings CDC Mpox Toolkit for Institutions of Higher Education 	